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Gender Makes A Difference

by Christopher Nelson

Gender Makes A Difference When It Comes to Diet

Jack Sprat could eat no fat, his wife could eat no lean, and so between the two you see, they licked the platter clean.

Understanding why nutrition can affect individuals so differently, like Jack and his wife, is the next frontier for nutrition research, according to Carolyn H. Hollingshead, Ph.D., RD.

An instructor in the College of Health's Division of Foods and Nutrition, Hollingshead works with patients at the University's Madsen Preventive Cardiology Program and has noted differences in the way patients recovering from heart attacks often respond to the same diet.

"Diet is much more individualized than we originally thought. We no longer give our patients a standard diet plan; it is much more specialized," she said.

Her latest study of food supplements supports that observation. The study evaluated the effects of two dietary fibers, glucomannan and chitosan, both of which have been shown to reduce blood cholesterol and contribute to weight loss. She wanted to know if, when the fibers are used together, the effects would be magnified.

She found that, while the supplements helped lower cholesterol levels, patients who took both fibers simultaneously experienced no significant change in body weight. One unexpected finding, however, was the difference in the way the supplements affected men and women.

"In general, we know that men tend to lose weight more easily than women, because they have more lean tissue, which is metabolically active," she said. "However, the gender difference in our findings was still a bit of a surprise to us. The lesson we learned is that future research on food supplements consider this difference."

For people simply trying to lose weight, Hollingshead believes some of the most important determinants of success or failure may turn out to be psychological, rather than physiological. She

suggests more research should be done to identify the behavior characteristics of people who lose weight successfully and keep it off.

She also places a greater responsibility on dieticians. "I think we could do a better job of matching up the needs of individuals with the various weight-loss programs available," she said.

One program Hollingshead recommends to cardiac rehab patients is based on the book *The Solution*, developed by Laurel Mellon from the University of California, San Francisco. The program has six components, including nurturing, limits, body pride, good health, lifestyle changes and balanced eating.

"I like *The Solution*, because it presents a balanced approach to weight loss. It addresses individual needs," she said. She warns consumers to be wary of diet programs and spokespeople who make strong claims about their research. The rule she uses is that any diet that restricts users to certain foods probably should be avoided.

Balance and reason also should be applied to the way people view obesity. She cites the work of researcher Ellen Parham, who believes that Americans view obesity as a moral issue.

"Parham argues that, if someone can't lose weight, they're viewed as a bad person. They don't have any will power, and there's something wrong with them. Viewing obesity moralistically is oversimplifying a complex issue. If patients view it as a condition they can't overcome, they get discouraged and give up," she said.

Instead, she says obesity should be viewed in a medical model, as a chronic illness. "If people look at weight loss as a medical issue that can be resolved, rather than a personality flaw, they might be more likely to follow through with a weight-loss program," she said.

She cautions patients, however, not to wait for a magic weight-loss pill. "People are looking for a quick fix. Unfortunately, there's not one. The attitude of many people is that it's easier to wait for science to solve the problem than to make the hard lifestyle changes necessary to lose weight," she said.

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